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CONFIRMATION NO. 7691

SERIAL NUMBER 10/624,942	FILING OR 371(c) DATE 07/21/2003 RULE	CLASS 514	GROUP ART UNIT 1628	ATTORNEY DOCKET NO. 27522- 0007001/PAP01- 01US	
APPLICANTS Marco Pappagallo, New York, NY;					
** CONTINUING DATA ***** This appln claims benefit of 60/398,175 07/24/2002					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/22/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
ADDRESS 26211					
TITLE TREATMENT OF SPINAL MECHANICAL PAIN					
FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		